

PART B - FEE(S) TRANSMITTAL

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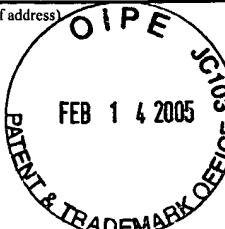
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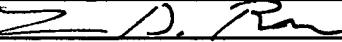
Leon D. Rosen
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| | |
|--|--------------------|
| Leon D. Rosen | (Depositor's name) |
|  | (Signature) |
| February 08, 2005 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|--------------------------|---------------------|------------------|
| 10/658,235 | 09/08/2003 | Stephen Daniel Gherardin | CMA0447 | 4108 |

TITLE OF INVENTION: OPTIC FIBER CONNECTION SYSTEM

02/15/2005 MWDLGE2 00000087 10658235

| | |
|------------|------------|
| 01 FC:1501 | 1400.00 OP |
| 02 FC:1504 | 300.00 OP |
| 03 FC:8001 | 30.00 OP |

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO | \$1400 | \$300 | \$1700 | 03/14/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|-------------------|----------|----------------|
| PRASAD, CHANDRIKA | 2839 | 385-059000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Roger C. Turner

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

ITT Manufacturing Enterprises, Inc. Wilmington, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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4b. Payment of Fee(s):

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Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1985 (enclose an extra copy of this form).

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 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature



Date February 08, 2005

Typed or printed name Leon D. Rosen

Registration No. 21,077

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